



# **MARYLAND MEDICAL CARE DATA BASE**

## **2011 MCDB DATA SUBMISSION**

**PAYERS' MONTHLY MEETING #2**

**May 16, 2012**

# COMAR 10.25.06 – Maryland Medical Care Data Base and Data Collection

## .01 Scope – MCDB Payer Submission Requirement

- Determined by information reported to MHCC FY User Fee Assessment Survey
- Health General Article §19-111, Annotated Code of Maryland authorizes MHCC to assess payers licensed by State of MD an **ANNUAL USER FEE** for each state fiscal year
- Total User Fees assessed are calculated to offset Commission's FY Special Fund Appropriation and employs three operative values:
  - 1) the MHCC Special Fund Appropriation;
  - 2) each Payer's total premiums earned in the State for health benefit plans; and
  - 3) total earned health benefit plan premiums of all Payers earned in the State
- Payer Assessment Survey requests:
  - 1) total accident and health insurance premiums attributable to the State of MD, as reported on the CY State business page of the MIA Annual Statement, **MINUS**
  - 2) premiums for other than health benefit plans contained in that amount, **EQUALS**
  - 3) assessable premiums attributable to health benefit plans in MD
- Insurance companies and HMOs with assessable health insurance premiums over \$1 million are required to submit data to the MCDB

## **COMAR 10.25.06 – Maryland Medical Care Data Base and Data Collection**

- Example I: 2011 MCDB Submission

Payers Premium Year MIA Annual Statement CY 2009 (Jan. 1 – Dec. 31, 2009)

MHCC User Fee Assessment Year FY 2011 (July 1, 2010 – June 30, 2011)

MCDB Submission Year – 2011 MCDB (Jan. 1 – Dec. 31, 2011) due June 2012

- Example II: 2012 MCDB Submission

Payers Premium Year MIA Annual Statement CY 2010 (Jan. 1 – Dec. 31, 2010)

MHCC User Fee Assessment Year FY 2012 (July 1, 2011 – June 30, 2012)

MCDB Submission Year – 2012 MCDB (Jan. 1 – Dec. 31, 2012) due June 2013

# COMAR 10.25.06 – Maryland Medical Care Data Base and Data Collection

## .13 – WAIVER or EXCEPTION REQUESTS

MHCC assesses each payer's request based on the payer's particular circumstances

**FULL WAIVER EXEMPTION** – significant decline in number of users and services (DCS report); discontinued selling health benefit plans in MD; MHCC monitor company's future status

*Submit waiver request only for those data elements that have an assigned threshold value*

**DATA ELEMENT WAIVER (Full)** – no data reported; data not stored; field unavailable due to changes

**DATA ELEMENT WAIVER (Partial)** – conditional waivers like value substitution;

**FORMAT MODIFICATION WAIVER** – blank fields; expand fields; submit separate files

**THRESHOLD WAIVER** – granted based on previous year's QRS Report; partially captured

**THRESHOLD LOWERED to X%** – based on previous year's QRS Report

**MCDB INITIAL SUBMISSION DEADLINE EXTENSION** – based on ability to provide data in timely manner

**MCDB RESUBMISSION DEADLINES** – data quality problems; formatting problems